



### Reporting Education Participation for Community Engagement Granite Advantage Health Care Program

Use this form to report your participation in one or more of the ongoing education community engagement activities listed below. **DETAILED INSTRUCTIONS ARE ENCLOSED.** Please print all information in the spaces provided and attach the required documentation to the form. Please note you can find your Medicaid ID Number (MID) in the lower left hand front corner of your blue Medicaid card that has **State of New Hampshire** on the front. If you are unable to locate your MID number, you may enter your birth date instead.

Name:	
Last .....	First .....
Medicaid ID#: .....	Date of Birth .....

By filling in the circle below to select activities and signing this form I attest, under penalty of unsworn falsification pursuant to RSA 641:3, that I participated in the qualifying community engagement activities indicated below for the hours stated and that all of the information that I have provided to the department is true to the best of my knowledge and belief.

\_\_\_\_\_

Beneficiary Signature
Date

Community Engagement Activities	Total Hours Per Month
<input type="radio"/> Job Skills Training Related to Employment      Enter hours here >	_____
The name of school or agency: _____	
The training start date (MM YYYY): _____	
The training end date (MM YYYY): _____	
<b><u>Attach documentation of your enrollment</u></b> which includes the duration and number of hours in the training program. Enter the total number of hours to be credited each month for the duration of your participation in the activity.	

Community Engagement Activities		Credit Hours
<input type="radio"/>	Enrollment at an Accredited Community College, College or University	Enter Credits here > _____
<p>The name of the college or university: _____</p> <p>The semester start date (MM YYYY): _____</p> <p>The semester end date (MM YYYY): _____</p> <p><b><u>Attach a copy of your class schedule</u></b> which indicates the number of credit hours assigned for the enrolled classes. Enter the total number of credit hours.</p>		

Community Engagement Activities	
<input type="radio"/>	Vocational Educational Training
<p>The name of the institution: _____</p> <p>The training start date (MM YYYY): _____</p> <p>The training end date (MM YYYY): _____</p> <p><b><u>Attach documentation of your enrollment</u></b> in the training program. Community engagement hours will be credited at <b>100 hours</b> per month for the duration of your participation in the training program or activity.</p>	
<input type="radio"/>	Education Directly Related to Employment (For a Beneficiary Who Has Not Received a High School Diploma or GED)
<p>The name of the program or activity: _____</p> <p>The program or activity start date (MM YYYY): _____</p> <p>The program or activity end date (MM YYYY): _____</p> <p><b><u>Attach documentation of your enrollment</u></b> in the program or activity. Community engagement hours will be credited at <b>100 hours</b> per month for the duration of your participation in the program or activity.</p>	
<input type="radio"/>	High School or Equivalent
<p>The name of the high school or program: _____</p> <p>The high school or program start date (MM YYYY): _____</p> <p>The high school or program end date (MM YYYY): _____</p> <p><b><u>Attach documentation of your enrollment</u></b> in the high school or program. Community engagement hours will be credited at <b>100 hours</b> per month for the duration of your participation in high school or an equivalency program.</p>	

**Instructions for Completing the Form**

1. Enter your identifying information and sign and date the top section of the form on the first page. Please note you can find your Medicaid ID Number (MID) in the lower left hand front corner of your blue Medicaid card that has **State of New Hampshire** on the front. If you are unable to locate your MID number, you may enter your birth date instead.
2. In the Community Engagement Activities section, completely fill in the circle to the left of the activity that you are reporting. If you have any questions regarding activities, a description can be found below.
3. Enter the total number of hours to be credited each month for the duration of your participation in the activity in the far-right column of the row which applies to the community engagement activity that you are reporting.
4. Attach the necessary documentation to the form.
5. The beneficiary **MUST** return this form to the Department of Health and Human Services either by mail at the address above, by fax to (603) 271-5623 or by submitting the form through your NH EASY account, or bringing the form to a local district office. You can call 1-844-275-3447 (1-844-ASK-DHHS) if you have any questions.

**Descriptions of Community Engagement Activities**

Job Skills Training Related to Employment	This activity requires documentation of enrollment in a job skills training program that includes the duration of the program and the number of hours that the beneficiary is participating in the activity.
Enrollment at an Accredited Community College, College or University	This activity requires enrollment at an accredited community college, college or university that is counted on a credit hour basis. Documentation of enrollment must include a copy of the beneficiary’s class schedule, the number of credit hours assigned for the enrolled class(es) and the semester begin and end date. The number of community engagement hours that are credited toward the community engagement requirement each month is determined by multiplying the number of credit hours assigned for the enrolled class(es) by 4.33, and rounded up to the nearest quarter of an hour. For example, if you receive 15 credit hours per semester, your hours calculation would be the following: 15 credit hours x 4.33 = 64.95 hours. This will be rounded to 65 hours.
Vocational Educational Training	This activity requires documentation of enrollment in a vocational education training program that includes the duration of the activity. Community engagement hours are credited at 100 hours per month for the duration of the beneficiary’s participation in the activity not to exceed 12 months.
Education Directly Related to Employment (Beneficiary Has Not Received a High School Diploma or GED)	This activity is for participation in education directly related to employment in the case of a beneficiary who has not received a high school diploma or certificate of high school equivalency. The activity requires documentation of enrollment that includes the duration of the activity. Community engagement hours are credited at 100 hours per month for the duration of the beneficiary’s participation in the activity.
High School or Equivalent	This activity requires documentation of enrollment that includes the duration of the activity. Community engagement hours are credited at 100 hours per month for the duration of the beneficiary’s participation in the activity.